

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable:
 - Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
THE BROADWAY ASSOCIATION INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
28 WEST 44TH STREET NO 301

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10036

D Employer identification number
13-0524500

E Telephone number
(212) 938-0001

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.BROADWAYASSOCIATION.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 159,740

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	
	2	Program service revenue including government fees and contracts	101,540
	3	Membership dues and assessments	58,200
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
6c	Less direct expenses from gaming and fundraising events		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a	Gross sales of inventory, less returns and allowances		
7b	Less cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe in Schedule O)		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	159,740	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	11,767
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	58,700
	14	Occupancy, rent, utilities, and maintenance	12,000
	15	Printing, publications, postage, and shipping	2,477
	16	Other expenses (describe in Schedule O)	73,843
	17	Total expenses. Add lines 10 through 16 ▶	158,787
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	953
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	64,711
	20	Other changes in net assets or fund balances (explain in Schedule O)	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	65,664

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	66,211	22 65,664
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	66,211	25 65,664
26 Total liabilities (describe in Schedule O).	1,500	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	64,711	27 65,664

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 AND ECONOMIC BETTERMENT OF THE BROADWAY THEATER DISTRICT, WORKING WITH MANY CIVIC AND CULTURAL ORGANIZATIONS TO UPGRADE SERVICES AND MAINTAIN A HEALTHY CLIMATE IN THE DISTRICT

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CRISTYNE NICHOLAS CHAIRMAN	1 00	0	0	0
DENNIS SWANSON CHAIRMAN EMERITUS	1 00	0	0	0
CHARLOTTE ST MARTIN TREASURER	1 00	0	0	0
JEFFREY GURAL VICE PRESIDENT	1 00	0	0	0
BARBARA VON BORSTEL VICE PRESIDENT	1 00	0	0	0
TIM TOMPKINS VICE PRESIDENT	1 00	0	0	0
TONY CARUSO DIRECTOR	1 00	0	0	0
KELLY ANN CURTIN DIRECTOR	1 00	0	0	0
MERRIE DAVIS DIRECTOR	1 00	0	0	0
HON DAVID DINKINS DIRECTOR	1 00	0	0	0
DOUGLAS DURST DIRECTOR	1 00	0	0	0
JOHN GALLAGHER DIRECTOR	1 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of CRISTYNE L NICHOLAS Telephone no (212) 938-0001
Located at 28 WEST 44TH STREET SUITE 301 NEW YORK , NY ZIP + 4 10036

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer	2019-05-14 Date
CRISTYNE NICHOLAS CHAIRMAN Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JOHN KEARNEY	Preparer's signature	Date 2019-05-09	Check <input type="checkbox"/> if self-employed	PTIN P00090397
Firm's name ▶ JAECKLE KEARNEY & LEPSALTER CPA'S PC			Firm's EIN ▶ 20-0180154		
Firm's address ▶ 233 SEVENTH STREET SUITE 201 GARDEN CITY, NY 11530			Phone no (516) 746-5980		

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: THE BROADWAY ASSOCIATION INC

EIN: 13-0524500

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

THE BROADWAY ASSOCIATION INC

Employer identification number

13-0524500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION EVENT EXPENSES AMOUNT 66,535 DESCRIPTION INSURANCE AMOUNT 3,162 DESCRIPTION OFFICE EXPENSES AMOUNT 575 DESCRIPTION TELEPHONE AMOUNT 1,200 DESCRIPTION TRAVEL AMOUNT 511 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 442 DESCRIPTION BANK FEES AMOUNT 868 DESCRIPTION ADVERTISING AMOUNT 550 TOTAL TO FORM 990-EZ, LINE 16 73,84 3